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CERTIFICATE OF FAX TRANSMISSION

Transmission Date: 26 March 2007 Docket: 1009-039

Transmission #: 1 of Total Transmissions: 1

Pages in this Transmission: 11 of Total Pages Transmitted: 11

I hereby certify that the following correspondence is being facsimile transmitted, via one or more transmissions as described above, to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: 571-273-8300.

Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Preliminary Amendment (7 sheets)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number

10/664,754

Art Unit: 2178

Confirmation No.:

4113

Examiner: Termanini, Samir

Filing Date:

18 September 2003

Inventor: Li, Yufeng

Document Submission Date: 26 March 2007

Docket: 2002P15652US01 (1009-039)

26 Mar 2007

Kelly B. Smoker

Date

Name of Certifier

Kelly B. Smoker

Signature of Certifier

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To: Central FAX USPTO @ 571-273-8300 From: Mike Haynes

MAR 26 2007

PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) **790.00**

Complete if Known	
Application Number	10/664,754
Filing Date	18 September 2003
First Named Inventor	Li, Yufeng
Examiner Name	Termanini, Samir
Art Unit	2178
Attorney Docket No.	2002P15652US01 (1009-039)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Multiple Dependent Claims

Fee (\$)

0

- 20 or HP = **0** x **50** = **0**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee (\$)

0

- 3 or HP = **0** x **200** = **0**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** Number of each additional 50 or fraction thereof **Fee (\$)** **Fee Paid (\$)**

- 100 = **0** / 50 = **0** (round up to a whole number) x **250** = **0**

0

Fees Paid (\$)

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0

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